

To the Group Insurance Trust:

My signature below authorizes the Group Insurance Trust to provide my eligibility information to **Bank of New York Mellon** for purposes of opening a Health Savings Account. I understand that upon receiving confirmation of my eligibility, the account provider will provide me with a welcome kit that includes a master signature card which must be completed and returned to my chosen account provider before I can make contributions or distributions from my account.

\_\_\_\_\_ Please check here if you to **do not** wish to open an account with Bank of New York Mellon.

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Home Address:

\_\_\_\_\_  
(No post office boxes please)

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form along with your enrollment forms to:

Banyan Administrators, LLC  
Managers for the CalCPA Health Programs  
1215 Manor Drive, Suite 200  
Mechanicsburg, PA 17055  
Phone: (877) 480-7923  
Fax: (877) 237-4519  
calcpahealth@calcpahealth.com